0000052628

ENDER:
Complete items 1,2 and 3.
Indicate if restricted delivery is desired.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

☐ **Restricted Delivery**

Consult postmaster for fee.

Article Addressed to:

John L. Clark
GOODWIN, MACBRIDE, SQUERI, RITCHIE & DAY, LLP
505 Sansome Street, Suite 900
San Francisco, California 94111

2. Article Number

0000 4257

3. Service Type ☒ **CERTIFIED**

Date of Delivery

05/06/02

Received By: (Print Name)

Marshall Howell

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

S Form 3811 T-03714A-01-0805

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
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